



The California Managed Risk Medical Insurance Board
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Board Members
Clifford Allenby, Chair
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August 5, 2005

TO: ALL COUNTY REPRESENTATIVES

The Managed Risk Medical Insurance Board (MRMIB) is developing a Buy-In Program that would allow counties to "buy in" to the Healthy Families Program (HFP) administrative and health coverage model in order to implement a local Children's Health Initiative (CHI). The Board has expressed a goal of having the Buy-In operational by July 2006. Under the statute authorizing MRMIB to implement the Buy-In Program, contracts must be with a county or county agency. We have enclosed a Letter of Intent which will assist us in identifying your county's level of interest, as well as its current state of readiness to participate in the program, as there are basic elements that are required to be in place within the county in order to begin the implementation process.

The deadline for counties to submit the Letter of Intent form expressing their interest in possibly participating in the Buy-In Program is Tuesday, September 6, 2005 and maybe submitted by mail or email (buyinprogram@mrmib.ca.gov). MRMIB is requesting one response per county, please coordinate and collaborate in your response with the various agencies in your county.

Also, enclosed is the Buy-In Program Design issue paper that outlines potential options for the design of the program and MRMIB's initial thoughts on the options. MRMIB will be conducting a public meeting to discuss the program design issue paper on Thursday, August 25, 2005, 10:00 am-3:00 pm at Sacramento City Hall's public hearing room. MRMIB is soliciting input on the design issues from a diverse array of stakeholders including County Health Executive Association of California representatives; California State Association of Counties representatives; California First 5 Commission representatives; Health Officers Association of California representatives; County Board of Supervisors Chairpersons; health care advocacy organizations; community based organizations; philanthropic organizations and consumer advocacy organizations. Written comments are due by September 6, 2005. The Board will finalize the program design at its meeting on September 28, 2005.

Should you have any questions, please contact me at (916) 327-6563. E-mails can be addressed to esanchez@mrmib.ca.gov.

Sincerely,

Ernesto A. Sanchez
Special Projects Section Manager
Eligibility, Enrollment and Marketing Division

Enclosure (2)

All County Letter of Intent-Attachment II

<p>Please fill out the information below. Thank you.</p>	
<input checked="" type="checkbox"/> County Name _____	
<input checked="" type="checkbox"/> Authorized Representative for the County above (Please print name and title) _____	
<input checked="" type="checkbox"/> Signature and Date _____	
<input checked="" type="checkbox"/> Branch of county the individual is representing; i.e., Board of Supervisors, Department of Health, etc. _____	
<p>Authorized Representative Contact Information:</p>	
Telephone Number _____	Email Address _____
<p>REQUIRED COMPONENTS OF COUNTY BUY-IN PROGRAM IMPLEMENTATION</p>	
<ul style="list-style-type: none">◆ County must commit to funding the HFP benefits package (health, dental and vision coverage)◆ County must commit to participating for at least a two-year period◆ County must commit a willingness to cover children from 0-until their 19th birthday; although initial funding for 0-5 is acceptable◆ County must commit to "Health coverage for all children" outreach campaign and develop a local outreach plan to promote that message◆ County must have a single contracting county entity to contract with the State and associated MOUs/subcontracts detailing responsibilities of local partners◆ County must deposit 12-months funding in advance for each eligible child to be enrolled◆ County must have a local coalition	

All County Letter of Intent-Attachment II

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Outreach Plan	6.	Development of an Outreach Plan is a requirement of participation in the Buy In Program. Do you have an existing outreach plan? Please describe. The plan must imply that Universal children's coverage (coverage to include the 6-18 age group) is the goal. <u>If your county does not currently have an Outreach Plan, please identify the date by which the county will have one in place.</u>
Contracted Entity	7.	Please identify the contracted entity with which your county works (or will work with) that can provide eligibility determinations, if so required by program design. <u>If your county does not currently contract for eligibility determination services, please identify the date by which the county will be able to perform eligibility determinations.</u>
Funding Readiness	8.	A requirement of the Buy-In Program is that counties must be able to deposit 12 months funding per enrolled child into an account. Please indicate whether your county would comply with this requirement. _____
Commitment	9.	A two-year commitment from the county is required in order to participate in the Buy In Program. Please indicate whether your county would comply with this requirement. _____
Date of Participation	10.	Based on the information supplied above, please identify the month and year; e.g., 07/06, by which your county anticipates it would be ready to participate in the Buy In Program. _____